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# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A F	or the 2	2008 ca	lendar yea	r, or tax year beginning 10-	-01-2008 and ending 09-30-200	9						
B Ch	neck if ar	pplicable	Please	C Name of organization			D Employer id	entification number				
_	dress ch	•	use IRS	ST FRANCIS HOSPITAL AND M	EDICAL center		06-06468	06-0646813				
_	me char	-	label or print or	Doing Business As			E Telephone n					
		_	type. See				(860)714-	-4000				
	ıtıal retur		Specific Instruc-		ox if mail is not delivered to street addre	ess) Room/su	ute .	ots \$ 626,077,847				
Гте	minatio	n	tions.	114 WOODLAND STREET			·	, ,				
┌ An	nended r	return		City or town, state or country	, and ZIP + 4							
┌ Ap	plication	pending		HARTFORD, CT 06105								
			F Nan	ne and address of Principal	Officer	l 11/-> -						
				rosenberg	o meer		this a group returi iliates?	n for				
				OODLAND STREET				,,				
		nt status		ORD,CT 06105 )(3) <b>4</b> (insert no)	)/()	H(b) Are	e all affiliates includ	led?				
I 18	ax-exem	pt status	501(c)	)(3) <b>=</b> (insert no)   494/(	a)(1) or   52/	7		t See instructions )				
J W	eb site	e: 🟲 WW	/W STFRAN	ICISCARE ORG		H(c) G	roup Exemption N	umber 🟲				
			_									
<b>К</b> Тур	oe of org	anızatıon	✓ Corporat	ion trust association ot	her ►	<b>L</b> Year of	Formation 1897	State of legal domicile CT				
-												
Pa	rt I	Sumi	mary									
				e organization's mission or	most significant activities							
3		We are	committed	to health and healing throu	igh excellence, compassionate ca	are and rev	erence for the spii	rituality of each person				
Ē				_			·	·				
E .	2	Checkt	his box	ıf the organizatıon disconti	nued its operations or disposed o	of more that	n 25% of its asset	ts				
Governance	3	Number	of voting r	nembers of the governing b	ody (Part VI, line 1a)		. 3	32				
ب 20					e governing body (Part VI, line 1			25				
				nployees (Part V , line 2a)		,		4,743				
Activities				olunteers (estimate if neces			6	831				
€				•	Part VIII, line 12, column (C)		72	1,382,850				
₫		_			Form 990-T, line 34	•	7a . 7b	-294,092				
	b	Net unit	erateu Dusi	Thess taxable income nom	om 990-1, me 34			<u> </u>				
		C t	ht	dt- (Dt-)/III   d	<b>,</b>	-	Prior Year	Current Year				
<u>o</u>	8			d grants (Part VIII, line 1h	•		4,018,911	4,156,099				
Revenue	9			revenue (Part VIII, line 2g		530,063,728	557,032,190					
Š	10				lines 3, 4, and 7d)		7,996,318	1,111,721				
	11		•	art VIII, column (A), lines		21,021,540	23,345,525					
	12	Total r 12)	revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), lin	е	563,100,497	585,645,535				
	13		and simila	ar amounts paid (Part IX, c	olumn (A.) lines 1 – 3)		20,000	15,000				
	14			or for members (Part IX, co	• • • • • • • • • • • • • • • • • • • •		20,000	0				
	15				nefits (Part IX, column (A), lines !	5_						
\$	15	10)	es, other co	ompensation, employee bei	ients (Fart IX, Column (A), imes	3-	278,017,490	289,271,586				
92 **	16a	Profes	sional fund	raising fees (Part IX, colur	nn (A ), line 11e)			0				
Expenses	Ь			penses, Part IX, column (D), line								
Ш	17	•		(Part IX, column (A), lines	<u></u> -		297,869,216	283,018,796				
	18		•		ual Part IX, line 25, column (A))		575,906,706	572,305,382				
	19			penses Subtract line 18 fro			-12,806,209	13,340,153				
± 27 3r Av	+	ive ve iii	de less ext	Jenses Subtract line 10 he	minime 12	Pari	· · · · · · · · · · · · · · · · · · ·					
Net Assets or Fund Balances		_				Begi	nning of Year	End of Year				
98 E	20			rt X, line 16)			690,579,611	746,802,822				
ŽŽ	21	Totall	ıabılıtıes (F	Part X, line 26)			477,552,884	551,925,193				
žĒ	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20		213,026,727	194,877,629				
Pa	rt II	Sign	ature Blo	ock								
					nned this return, including accompanying							
		and beli	ef, it is true,	correct, and complete Declaratio	n of preparer (other than officer) is base	ed on all inform i	mation of which prepa	rer has any knowledge				
Plea Sign		****	*** ature of office	ar.			010-08-12 ate					
Her		, Signa	ature or ornice	:1		De	ate					
			en rosenberg e or print nam	senior vice-president & cfo								
		<b>   </b>	от ринк пат	ic and tide			<u> </u>					
		Preparer'		as Farmuton		Check If self-	Preparer's PTIN	(See Gen Inst )				
Paid		signature Douglas Farrington self- empoly					<b>「</b>					
	arer's		ame (or your	s MARCUM LLP	ETNI IL							
Use	Only		nployed), and ZIP + 4	CITY PLACE II 185 ASYLUM	STREET		— EIN ▶					
							Phone no 🕨 (	860) 549-8500				
	the ID	S discus	e this retu	rn with the preparer shown	shove? (See instructions)			Ves I No				

# Part III Statement of Program Service Accomplishments (See the instructions.)

Ċ	Statement of Flogram	Service Accompns	milents (See the in	130 00013.7								
1	Briefly describe the organization's mission We are committed to health and healing thro	ugh excellence, compassionat	e care and reverence for the	spintuality of each person								
2	Did the organization undertake any the prior Form 990 or 990-EZ? .		ces during the year whi	ch were not listed on	┌ Yes ┌ No							
	If "Yes," describe these new service	s on Schedule O										
3	Did the organization cease conduction services?		hanges in how it conduc	ts any program	┌ Yes ┌ No							
	If "Yes," describe these changes on	Schedule O										
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported											
4a	(Code ) (Expenses	\$ 480,474,862 ir	ncluding grants of \$	15,000 ) (Revenue \$	565,082,277 )							
	AS THE LARGEST CATHOLIC HOSPITAL IN M CAPITAL REGION A WONDERFUL TRADITIO WITH COMMUNITY AGENCIES, THROUGH ( FRANCIS HOSPITAL AND MEDICAL CENTER GENERATIONS See Schedule O for Continu	IEW ENGLAND WITH 112 YEAR N OF CARING THROUGH OUF DUR CLINICS AND OUTREACH HONORS THE IMPORTANCE (	RS OF SERVICE, SAINT FRAN R UNIVERSITY OF CONNECTI PROGRAMS, AND OUR EMPL	CIS HOSPITAL AND MEDICAL CI CUT MEDICAL SCHOOL AFFILIA OYEES WHO VALUE REACHING	ENTER SHARES WITH OUR TION, OUR MANY PARTNERSHIPS OUT TO THOSE IN NEED, SAINT							
4b	(Code ) (Expenses	\$ Ind	cluding grants of \$	) (Revenue \$	)							
4c	(Code ) (Expenses	\$ ind	cluding grants of \$	) (Revenue \$	)							
4d	Other program services (Describe (Expenses \$	<pre>in Schedule O ) including grants of \$</pre>		) (Revenue \$	)							
4e	Total program service expenses \$	480,474,862	Must equal Part IX, Lin	e 25, column (B).								

art IV	Chec	klist of	Require	d Sc	hedules
		AIISL OI	IXC quii C	u J	cuuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

## Part IV Checklist of Required Schedules (Continued)

			169	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 327			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	711		
0	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	- 50		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	<u>4. (</u>	Governing	Body	<u>and</u>	<u>Management</u>	<u>t</u>

								Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe ti	he cırcı	ımstan	ces,			
1a	Enter the number of voting members of the governing body	1a				32			
Ь	Enter the number of voting members that are independent	1b				25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co						3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?								Νο
6	Does the organization have members or stockholders?								Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r othe	rpers	ons?	[	7b		Νο
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	nderta	ıken dı	ırıng th	ie			
а	the governing body?						8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					[	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					. [	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				•	,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the						10		Νο
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc						11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
		TOD	1 63	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Donna Gilbert 114 woodland street hartford, CT 06105

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

# Part VII Continued

	(B) Average hours per week		(i tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-	$\vdash$			$\vdash$			
				$\vdash$						
			1							
1b Total			<del> </del>				<b>-</b>	6,012,010	307,381	1,228,613

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►242

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
UCONN SCHOOL OF MEDICINE 263 FARMINGTON AVENUE FARMINGTON, CT 06030	PHYSICIAN SERVICES	11,286,420
UNICCO CLEANING SERVICES 4002 SOLUTIONS CENTER CHICAGO, IL 606774000	CLEANING SERVICES	3,400,606
PRICEWATERHOUSE COOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 191708001	CONSULTING SERVICES	2,517,197
BINGHAM MCCUTCHEN LLP PO BOX 3486 BOSTON, MA 022413486	LEGAL SERVICES	2,223,766
ALLIANCE HEALTHCARE SERVICES PO BOX 96485 CHICAGO, IL 606936485	MRI/DIAGNOSTIC TESTS	1,663,846
2 Total number of independent contractors (including those in 1) from the organization	, ,	75

# Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a					
nts	ь	Membership d						
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b ents					
ži is	d	Related organi	1c zations1d					
% E	e	Government gran		3,090,226				
ation; er si	f	All other contribut	ions, gifts, grants, and not included above	1,065,873				
垂		<b>1</b> f						
ξğ	g		ributions included in					
ं ल	h		es 1a-1f)		4,156,099			
		<u> </u>	<u> </u>	Business Code				
<u>e</u>	2a	patient revenue		624,100	555,573,496	554,210,368	1,363,128	
Ke II	ь	PartnerShip reven	ule	541,900	1,596,440	1,609,708	-13,268	
22	c	PartnerShip reven		812,300	-137,746	1,609,708	-137,746	
AC 6	d	- rattlership reven	ide	812,300	-137,740		-137,740	
38	e							
Ē	f	^ II other progr						
Program Serwce Revenue			am service revenue					
4	g	<b>F</b> \$ 557,032,19	e <b>s 2a-2f</b> 90					
	3		come (including divi	dends, interest				
		other sımılar a	mounts)		4,265,786			4,265,786
	4	Income from investment of tax-exempt be		ond proceeds				
	5	Royalties .		•				
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) 11221	(11)				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	37,278,191	56				
		from sales of assets other						
	ь	than inventory Less cost or	40,432,312					
		other basıs and sales expenses						
	С	Gain or (loss)	-3,154,121	56				
	d	Net gain or (lo		. ▶	-3,154,065			-3,154,065
	8a		from fundraising					
ě		\$ of contribution	s reported on line					
Other Revenue		1c) See Part I Attach Schedule	IV , line 18 e G if total exceeds					
æ		\$15,000	a					
ē	ь	Less directe	xpensesb					
₹	c	Net income or	(loss) from fundrais	ıng events ▶-				
	9a	Gross income	from gaming part IV , line 19	·				
		Complete Sched	dule G if total					
		exceeds \$15,00	<i>oo</i> a					
	ь	Less directe	xpensesb					
	с		(loss) from gaming					
	10a	Gross sales of	inventory, less	<b>•</b>				
	ь	Less cost of g	а					
	c		(loss) from sales of	ınventory►				
		Miscellaneou	s Revenue	Business Code				
	11a	other patient s	VCS	624,100	13,049,202			13,049,202
	ь	rental of buildi	ng	532,000	4,559,618	4,559,618		
	С	Premium incor	ne	524,298	2,246,236	2,075,500	170,736	
	d	All other rever	nue		3,490,469	3,490,469		
	e	Total. Add line						
	12	Total Davis	. Add lines 1h, 2g, 3	\$ 23,345,525	585,645,535	565,945,663	1,382,850	14,160,923
	12	8c,	1e		225,013,333	232,313,003	1,302,030	1.,100,523

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org				) <b>.</b>
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	15,000	15,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,280,142		4,280,142	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	229,055,649	187,831,821		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,369,620	7,712,080	1,657,540	
9	Other employee benefits	30,033,996	24,720,807	5,313,189	
10	Payroll taxes	16,532,179	13,607,360	2,924,819	
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,165,196		3,165,196	
c	Accounting	310,148		310,148	
d	Lobbying	212,295		212,295	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	76,440,451	61,427,722	15,012,729	
<b>L2</b>	Advertising and promotion	1,497,107		1,497,107	
L3	Office expenses	114,230,313	113,885,045	345,268	
<b>L</b> 4	Information technology	6,685,116	6,320,149	364,967	
15	Royalties				
16	Occupancy	28,474,464	27,472,868	1,001,596	
17	Travel	954,417	954,417		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	7,207,306	7,207,306		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,262,292	24,262,292		
23	Insurance	7,236,024		7,236,024	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Miscellaneous	3,831,301	1,886,498	1,944,803	
b	FOOD	3,171,497	3,171,497	,,	
С	Underwriting Expenses	1,995,750	· ,	1,995,750	
d	hosp DUES/FEEs/membersh	1,656,739		1,656,739	
e	Prof Dues/Licenses	789,384		789,384	
f	All other expenses	898,996		898,996	
25	Total functional expenses. Add lines 1 through 24f	572,305,382	480,474,862	91,830,520	
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	5. 2,505,502	755, 17 1,552	52,030,320	

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			11,185,939	1	44,036,871
	2	Savings and temporary cash investments		34,075,553	2	41,776,754	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			78,432,108	4	73,691,535
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		employees or		5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			1,223,954	7	1,223,954
	8	Inventories for sale or use			3,910,132	8	4,353,054
22	9	Prepaid expenses and deferred charges			4,193,760	9	5,687,994
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	778,696,328			
⋖	b	Less accumulated depreciation Complete Part VI of		427,650,417	1	10-	351.045.911
		Schedule D	10b	427,630,417	34,458,922		46,342,794
	11	Investments—publicly traded securities				$\vdash$	
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D			24,024,397	12	25,152,011
	13	Investments—program-related See Part IV, line 11 $\it Complete F$ of Schedule D .	1		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	205,280,406	15	153,491,944		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			690,579,611	16	746,802,822
	17	Accounts payable and accrued expenses .		33,795,214	17	46,792,626	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			271,275,000	20	239,290,000
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties				23	11,617,758
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		172,482,670	25	254,224,809	
	26	Total liabilities. Add lines 17 through 25			477,552,884	26	551,925,193
<b>⋄</b>		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
ani	27	Unrestricted net assets			130,256,635	27	112,876,140
Balance	28	Temporarily restricted net assets			34,533,698	28	35,112,873
Ā	29	Permanently restricted net assets		48,236,394	29	46,888,616	
r Fund		Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34.					
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
AS	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			213,026,727	33	194,877,629
<b>z</b>	34	Total liabilities and net assets/fund balances			690,579,611	34	746,802,822
Pa	rt XI	Financial Statements and Reporting					
	- TAN	i maneral otatements and reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

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OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL center							Em	Employer identification number			
J. 1 10,		110011171271112	TEDIONE CONCE					06	-064681	3	
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The c	rganı	zatıon ıs not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon )	)			
1		A church, c	onvention of ch	iurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)	(A)(i).		
2		A school de	escribed in <b>Sect</b>	i <b>on 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )					
3	고	A hospital	or a cooperative	e hospital service organizati	on descri	bed in <b>Sec</b>	t ion 170(l	b)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedu	le H )
4	Г	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								Enter the	
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	$\sqcap$	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n <b>Section 170(</b>	<b>))(1)(A)(vi)</b> (Complete Par	tII)						
8	Γ	A communi	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and gross
		receipts fro	om activities rel	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331,	/3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III	)		
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	<b>(a)(4).</b> (S	ee instruc	tions )
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in secti tion and c	on 509(a)	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Section 5	
e	$\sqcap$	•		rtıfy that the organızatıon ıs						-	•
				agers and other than one or	more pub	licly suppo	orted orga	nizations	described	ın sectioi	n 509(a)(1) or
f		section 50		d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Type III	supportu	ng organization.
-		check this					/ /	. , , ,	, , ,		.у с.уш <u>-</u>
g		_		as the organization accepte	d any gift	or contrib	utıon from	any of the	)		
		following pe		r indirectly controls, either a	alona orto	naether wi	th nareons	describe	dun (u)		Yes No
			•	ng body of the the supported		=	in persons	describe	u III (II)	11g	
				erson described in (i) above	_	1110111				11g	
		• •	•	• •		hove?					<del>``</del>
h		(iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports									
				nation about the organization		gamzanon	очррони				
(i) Name of (ii) EIN (iii) Type of organization (iv) Is Supported (described on lines 1-9 organization)					Is the		ou notify		s the	(vii) A mount of support?	
	Orgar	nization		above or IRC section		listed in		i) of your		rganızed	
				(See Instructions))	, ,	verning ment?	supp	oort?	ın the	US?	
					Yes	No No	Yes	No	Yes	No	+
					162	140	163	140	163	140	
								<del> </del>		<del>                                     </del>	
								-		<del>                                     </del>	
						ļ				-	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

Internal Revenue Service To be completed by organizations described below. Attach to Form 990 or Form 990-EZ					Inspection	
If th	e organization ar	swered "Ye	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art VI, line 46 (Political Ca	
	· / · /		mplete Parts I-A and B Do not complet			
	, , ,		01(c)(3)) organizations complete Part	s I-A and C below	/ Do not complete Part I-B	
	ection 527 organiza		,	Farm 000E7 Day	m4 \/	-4ii4i \
			s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under		,	•
	, ,, ,		: have NOT filed Form 5768 (election u	, , , ,	•	•
	, ,, ,		s," to Form 990, Part IV, Line 5 (Pr	,	,,	•
			zations complete Part III			
	me of the organiza FRANCIS HOSPITAL AN		er		Employer iden	tification number
01	110 110 110 110 110 110 110	D TIEDIONE CONC			06-0646813	
Par			y all organizations exempt of the instructions for Schedule (		501(c) and section	527
1			ganization's direct and indirect politic		vities in Part IV	
2	Political expendi		,	, ,		\$
3	Volunteer hours					
Par	tI-B Tobec	ompleted b	y all organizations exempt (	under section	501(c)(3). (See the i	nstructions
	for Sche	dule C for d	etails.)			
1		•	e tax incurred by the organization und			\$
2	Enter the amoun	t of any excise	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization	on incurred in	a section 4955 tax, did it file Form 4	720 for this year?	2	☐ Yes ☐ No
4a	Was a correction	ı made?				☐ Yes ☐ No
ь	If "Yes," describ					
Par			y all organizations exempt in for Schedule C for details.)	under section	501(c), except sect	ion 501(c)(3).
1	Enter the amoun	t directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	\$
2			rganızatıon's ınternal funds contrıbut	ed to other organ	iizations for section	
	527 exempt funt					\$
3	Total of direct ar 1120-POL, line		mpt function expenditures Add lines	1 and 2 and ente	er here and on Form	\$
4	Dıd the filing org	anızatıon file <b>F</b>	orm 1120-POL for this year?			☐ Yes ☐ No
5	were made Ente political contribu	r the amount p itions received	nd Employer Identification Number (E vaid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate pol	organization's own internal litical organization, such as	funds or were s a separate
	(a) Name	2	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				1		

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768	
	Check If the filing organization	belongs to an affili	ated group					
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)				
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)				
c	Total lobbying expenditures (add line	es 1a and 1b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)					
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  The lobbying nontaxable amount is:  20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000				
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (ente	er 25% of line 1f)						
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a					
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c					
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	porting Yes No		
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five	
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period			
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total	
_2a	Lobbying non-taxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
	: Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

incuaic C (i	om 330 of 330 E2/2000		raye
Part II-B	To be completed by organizations exempt under section $501(c)(3)$ that h	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C fo	r details.)	

		(a	a) <sup>^</sup>	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		217,646	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV		No		
j	Total lines 1c through			217,646	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
ь	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		l		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4) section 501(c)(6). (See the instructions for Schedule C for details.)	, section	501(c	)(5), or	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

#### Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion

1 \$

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** ST FRANCIS HOSPITAL AND MEDICAL center 06-0646813

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.					
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in don	or advised			
	funds are the organization's property, subject to the		┌ Yes			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No			
Pa	t II Conservation Easements. Complete		Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure) $\Gamma$ Preservation of an	historically importantly land area			
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement			
_	on the last day of the tax year					
			Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	S	2b			
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year 🕨	rred, released, extinguished, or terminate	d by the organization during			
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viola	itions, and Yes No			
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>►</b>			
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ear 🕨 \$			
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion Yes No			
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	·			
Par	Complete if the organization answered "		or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$			
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> - \$			
b	Assets included in Form 990, Part X		<b>▶</b> \$			

Part	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u>	ures, or Othe	<u>er Similar</u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that a	ire a significant i	use of its co	llectio	n	
а	Public exhibition		d	Γ	Loan or ex	change program:	S			
ь	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how	/ the	y further the	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						mılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ansv	vered "Yes	" to F	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	liary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	:				T		_	
								A mou	ınt	
с	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pai	<b>t V</b> Endowment Funds. Complete								<b>N</b> E W	Dl-
1_	Beginning of year halance	(a)Current Year 60,938,954	(D	<b>)</b> Prior	Year (c)	Two Years Back <b>(d</b>	) inree Years i	васк   (е	e)Four Ye	ears Back
1a L	Beginning of year balance	18,366								
b	Contributions	-1,047,220								
с	Investment earnings or losses	-1,047,220								
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	59,910,100								
2	Provide the estimated percentage of the yea	r end balance held as	;							
а	Board designated or quasi-endowment 🕨	22 000 %								
b	Permanent endowment F 78 000 %									
с	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion t	hata	are held and	administered for	r the			
	organization by						1		Yes	No
	(i) unrelated organizations			•				3a(i)	Yes	
	(ii) related organizations							3a(ii)	Yes	
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						3b		
	t VI Investments—Land, Buildings					Oart V June 10				
Pal	Threstments—Land, Buildings	s, and Equipmen	1. 5		•	·				
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprecia	ation	( <b>d</b> ) Boo	ok value
<b>1</b> a L	and					6,025,317	,			6,025,317
b E	Buildings					305,224,100	142,11	2,144	16	3,111,956
<b>c</b> L	easehold improvements		. [			4,300,354	4,01	4,084		286,270
d E	quipment					342,086,340	271,85	4,974	7	0,231,366
<b>e</b> (	Other	<u></u> .				121,060,217	9,66	9,215	11	1,391,002
Tota	.Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, columi	n (B),	, lıne	10(c).) .				35	1,045,911
							Sched	ule D (I	Form 9	90) 200

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
		12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
(a) Descr	ption		(b) Book value
CHEFA BOND SERIES			107,128,738
BOND ISSUANCE COST, LESS AMORTIZATION			2,982,182
ASSETS HELD IN TRUST			42,603,103
OTHER asset			777,921
Total. (Column (b) should equal Form 990, Part X, col.(B) line			153,491,944
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(S) A mount		
SALARIES & WAGES	21,253,793		
ACCRUED EXPENSES & INTEREST	5,321,057		
DUE TO 3RD PARTY REIMBURSEMENT	6,588,921		
PENSION AND OTHER ACCRUED EXPENSES	214,687,747		
due to affiliated entities	6,373,291		
ade to anniated entitles	0,3/3,291		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	254,224,809		
, , , , , , , , , , , , , , , , , , , ,		i	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	585,645,535
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	572,305,382
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,340,153
4	Net unrealized gains (losses) on investments	4	1,929,131
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-33,418,382
9	Total adjustments (net) Add lines 4 - 8	9	-31,489,251
10		10	-18,149,098
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial	Jer Retu	633,444,363
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 51,378,936		
e	Add lines 2a through 2d	2e	53,308,067
3	Subtract line <b>2e</b> from line <b>1</b>	3	580,136,296
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	5,509,238
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	585,645,534
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	620,248,272
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	50,034,760
3	Subtract line <b>2e</b> from line <b>1</b>	3	570,213,512
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
_ <b>C</b>	Add lines 4a and 4b	4c	2,091,870
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	572,305,382

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES
Part XI, Line 8 - Other Adjustments		decrease in assets held in trust by others -1366143 increase in minimum pension liability -48278861 increase in interest in st francis foundation 748287 transfer from affiliates 958769 net partnership income -1482795 change in fair market value of swap -2614226 Transfer from parent 18616587
Part XII, Line 2d - Other Adjustments		income from susidiaries 32664500 bad debt expense 21328662 change in fair market value of swap -2614226
Part XII, Line 4b - Other Adjustments		Net income from partnership investments 1482795 Income from St Francis Indemnity Corporation, LLC 4026443
Part XIII, Line 2d - Other Adjustments		expenses from subsidiaries 28706098 bad debts 21328662
Part XIII, Line 4b - Other Adjustments		Expenses from Indemnity Company, LLC 2091870

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DLN: 93493224012160

OMB No 1545-0047

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# **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

**Hospitals** 

Name of the organization

Employer identification number

FR	ANCIS HOSPITAL AND MEDICAL cente	r				• •				
						06-0646813				
Pa	rt I Charity Care and	l Certain O	ther Com	munity Benefits a	t Cost (Optional	for 2008)				
		_						Yes	No	
	Does the organization have a						1a		<u> </u>	
b	If "Yes," is it a written policy						1b			
2	If the organization has multip care policy to the various hos		indicate whic	ch of the following best	describes applicat	ion of the charity				
	A pplied uniformly to all ho Generally tailored to indiv			Applied uniformly	y to most hospitals					
3	Answer the following based o organization's patients	n the charity (	care eligibili	ty criteria that applies	to the largest num	ber of the				
а	Does the organization use Fe income individuals? If "Yes,"						3a			
	Γ <sub>100%</sub> Γ <sub>150%</sub>	<b>F</b> 2	00%	<b>□</b> Other	%					
b	Does the organization use FP "Yes," indicate which of the fo						3b			
	Г 200% Г 250%	Г 300	% Г	350% <b>—</b> 400	0% <b>Г</b> Оthe	r%				
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ide in the description w	hether the organiz					
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	lly indigent"? .		4			
5a										
b	If "Yes," did the organization	's charity car	e expenses (	exceed the budgeted a	mount?		5a 5b			
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c			
62	Does the organization prepar									
	If "Yes," does the organization						6a		$\vdash$	
OD	Complete the following table						6b		$\vdash$	
	worksheets with the Schedule	-	KSHEELS PION	rided in the Scheddle i	i ilistractions Do i	ot submit these				
7	Charity Care and Certain O	ther Commu	nity Benefits	at Cost						
ı	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsettir revenue	(e) Net community expense		(f) Pero		
а	Charity care at cost (from worksheets 1 and 2)									
b	Unreimbursed Medicaid (from worksheet 3, column a)									
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)									
d	<b>Total</b> Charity Care and Means-Tested Government Programs									
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
f	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)									
i	Cash and in-kind contributions to community groups (from worksheet 8)									

j Total Other Benefits . . . k Total (line 7d and 7j) . . .

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
<ul><li>Coalition building</li><li>Community health improvement</li></ul>								
advocacy								
Workforce development  Other								
9 Other								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines  5  6  7  be treated as commine 6 and indicates  Other  Cother  Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Management Com  (a) Name of entity		Doint Ventu     Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physic ofit % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 2008) ER-24 hours Children's hospital Research facility ER-other Teaching hospital Critical access hospital Name and address Other (Describe) eurgical SAINT FRANCIS HOSPITAL 114 WOODLAND STREET Х HARTFORD, CT 06105

Schedule H (Form 990) 2008

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	<b>Needs Assessment.</b> Describe how the organization assesses the health care needs of the communities it serves
_	
3	Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
_	
4	<b>Community Information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_	
_	
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
	Francisco de contratina de con
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493224012160 OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

**Grants and Other Assistance to Organizations,** 

Open to Public Inspect ion

Name of the organization	Employer identif	Employer identification number					
ST FRANCIS HOSPITAL AND	MEDICAL center					06-0646813	
Part I General Infor	mation on Gra	nts and Assistance	e			•	
<ol> <li>Does the organization mathematical the selection criteria use</li> <li>Describe in Part IV the organization</li> </ol>	d to award the gra	nts or assistance?			ıbılıty for the grants or ass		▼ Yes
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the order if no one recipient rece	ived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec		-		_			
organizations 3 Enter total number of oth					• 		·

	$\cdot$
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EMPLOYEE CHILDREN'S SCHOLARSHIP PROGRAM	15	15,000	0	Book	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

1aent it ier	keturn kererence	Explanation

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DLN: 93493224012160

OMB No 1545-0047

Inspection

Open to Public

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Employer identification number** Name of the organization ST FRANCIS HOSPITAL AND MEDICAL center 06-0646813 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

Νo

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Christopher M Dadlez	(ı) (ıı)		180,000			358,121	1,242,454	
HEMA N DE SILVA MD	(ı) (ıı)					23,089	9,375 330,470	
amitkumar K mody	(ı) (ıı)					135,098	580,845	
steven rosenberg	(ı) (ıı)		100,000			124,597	657,776	
kathleen m roche	(ı) (ıı)		40,000			59,281	355,710	
r christopher hartley	(ı) (ıı)		50,000			72,586	395,615	
edward s johnson	(ı) (ıı)		15,000			24,497	274,149	
kathleen a dematteo	(ı) (ıı)		20,000			52,076	289,845	
PAUL F PENDERGAST	(ı) (ıı)		40,000			63,443	375,697	
frank bauer md	(ı) (ıı)					38,028	451,816	
george barrows md	(ı) (ıı)					37,339	426,830	
steven wolf md	(ı) (ıı)					36,390	373,886	
pamela kowalczyk md	(ı) (ıı)					35,185	405,724	
Karl Markuszka MD	(ı) (ıı)					31,880	365,872	
barry feldman	(ı) (ıı)					105,562	660,732	
	(ii)		'					

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation							
	Part I, Line 4a	Part I, Line 4a Amitkumar K Mody received a severance payment Amount \$56,299 Barry Feldman received a severance payment Amount \$254,009 Part I, Line 4b CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT \$217,250							

Schedule J (Form 990) 2008

DLN: 93493224012160

Open to Public

OMB No 1545-0047

# **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service Name of the organization

ST FRANCIS HOSPITAL AND MEDICAL center

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

**Inspection** Employer identification number

311	-RANCIS HOSPITAL AND MEDICAL	L Center								06-0646	813							
Pa	art I Bond Issues (Required	for 2008)	<b>.</b>							1								
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Purpose		Purpose	<b>(g)</b> De	feased	Beh	On alf of uer				
											Yes	No	Yes	No				
A	State of CT Health & Educational Facility Authority Rev Bonds - Series C			11-01-	1993	110,	505,000	Partial replacement facility and renovation of existing facilities				х		x				
В	State of CT Health & Educational Facility Authority Rev Bonds - Series D			05-01-	2002	25,	250,000	Partial replacement facility and renovation of existing facilities				х		х				
c	State of CT Health & Educational Facility Authority Rev Bonds - Series E			05-01-	2008	39,	745,000	Partial replacement facility and renovation of existing facilities				х		х				
D	State of CT Health & Educational Facility Authority Rev Bonds - Series F		20774UZH1	06-01-	2008	175,	000,000	Constr of new bldg,incl new emer dept,operating &patient rooms & renovations		dept,operating &patient rooms &		dept,operating &patient rooms &		eratıng &patıent rooms &		x		х
Pa	rt II Proceeds (Optional for	2008)												•				
					<u> </u>	E	В	<del>                                     </del>	<u> </u>	D			E					
1	Total Proceeds of Issue																	
	Gross Proceeds in Reserve Funds																	
3	Proceeds in Refunding or Defeasa	nce Escrows																
4	Other Unspent Proceeds  Issuance Costs from Proceeds																	
5	Working Capital Expenditures from	n Procoads																
6	Capital Expenditures from Procee											-						
7	Year of Substantial Completion	us																
8	Tear of Substantial Completion			Yes	l No	Yes	l No	Yes	No	Yes	No	Ye	_	No				
9	Were the bonds issued as part of a	a current refunding is	sue?	165	140	res	140	165	140	165		16:	•	NO				
10	Were the bonds issued as part of a				<del>                                     </del>							+						
11					-							+						
12	Does the organization maintain ad		cords to support the									+						
	final allocation of proceeds?				<u> </u>													
Pa	rt III Private Business Use	(Optional for 2008	3)			1 -	_	1		_								
				Yes	No No	Yes	No	Yes	No No	Yes D	No	Ye	E	No				
1	Was the organization a partner in a which owned property financed by		ember of an LLC,	165	140	162	140	165	140	162	140	Tes	<b>3</b>	110				
2	Are there any lease arrangements which may result in private busine	with respect to the f	inanced property															
For	Paperwork Reduction Act Notice, see th	e Instructions for Forn	n 990.			Cat No 501	L93E			Sc	hedule K	(Form 99	0) 2008					

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		C		D		E	
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	A		3	С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

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DLN: 93493224012160

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL center								Employer identification number							
Part I							4) organı	zatıoı	ns on	ıly).	D = /-1	A/ lima	405		
	to be completed by organization	ns that an	that answered "Yes" on Form 990, Part IV, line 2					15a or 25b, or Form 990-EZ, Pa							
1	(a) Name of disqualifie	d person	person (b) Description			on of transaction					(c) Corrected?				
													No		
	ter the amount of tax imposed on ction 4958						uring the y	earu	nder <b>F</b>	\$					
<b>3</b> En	iter the amount of tax, if any, on lir	ne 2, above	e, reimbursed	by the or	ganızatıon .				•	\$					
Part 1	Loans to and/or From	Interes	ted Persoi	ns											
	To be completed by organiza				m 990, Part	IV, lır	ne 26, or F	orm 9	90-E	Z, Part	V, lın	e 38a			
		(b) Loan	toor							(f	·)				
(a)	(a) Name of interested person and		from the		(c)O riginal principal						oved	1	(g)Written		
purpose		organiza	tion?	amount		(d)Balance due		default? by bo		by boa	1 -		ment?		
		То	From					Yes	No	Yes	No	Yes	No		
		<del>                                     </del>	1 1 1 1 1							1.55		1.00			
		†													
otal					<b>▶</b> \$				•						
Part II	Grants or Assistance B To be completed by organ					90. P	art IV. lır	ne 27	_						
	· · · · · · · · · · · · · · · · · · ·		Relationship												
	(a) Name of interested person		and the organization					(c)A mount of grant or type of assistance							
							+								
							+								
							1								
							1								
Part I	<b>Business Transactions</b> To be completed by organ					90 P	art IV. lır	ne 28	a. 28	Sb. or i	28c.				
	. o be completed by organ	ı	Relationship		3.1.101111	<del>55, I</del>	IV , III	20	<i>, -</i> -C	2, 01		( <b>e)</b> Sha	rına of		
(a) Name of interested warrant			hetween interested (c) Amount of					<b>(1)</b>					organization's		
(	a) Name of interested person	pe	person and the transaction					(d) Description of transaction					ues?		
		0	rganızatıon								Γ	Yes	No		

See Additional Data Table

### DLN: 93493224012160

# **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Identifier

Form 990, Part VI,

Section B, line 15

Section B, line

**Supplemental Information to Form 990** ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Name of the organization

ST FRANCIS HOSPITAL AND MEDICAL center

Return

Reference

COMMITTEE

**Employer identification number** 

06-0646813

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Inne 2		P ANTHONY GIORGIO, PHD (DIRECTOR) AND KARL KRAPEK (DIRECTOR) ARE BOTH 50% PARTNERS IN KEYSTONE COMPANIES, LLC, A RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS NO TRANSACTIONS WITH THIS LLC DAVID LENTINI (DIRECTOR) IS PRESIDENT OF CONNECTICUT BANK & TRUST, COMPANY PHILIP SCHULZ (DIRECTOR), KARL KRAPEK (DIRECTOR) AND P ANTHONY GIORGIO (DIRECTOR) ARE MEMBERS OF THE BOARD OF DIRECTORS OF CONNECTICUT BANK & TRUST, COMPANY SAINT FRANCIS HOSPITAL & MEDICAL CENTER HAS NO TRANSACTIONS WITH CT BANK & TRUST, COMPANY PHILIP SCHULZ (DIRECTOR) RECEIVES A FIXED PENSION PAYMENT FROM PRICEWATERHOUSE COOPERS, A PORTION OF WHICH IS UNFUNDED PWC PERFORMS CONSULTING SERVICES FOR SAINT FRANCIS HOSPITAL & MEDICAL CENTER ALL TRANSACTIONS ARE PERFORMED AT ARM'S LENGTH AND FAIR MARKET TERMS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Audit and Corporate Compliance committee has responsibility for reviewing the form 990 and will report back to the full board regarding their review of the Form 990. The Form 990 is available on the board's internal secure wieb portal

**Explanation** 

relationships and refrain from voting on any matter when there is a conflict of interest. The Governance

ANALYSIS IS PERFORMED & REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT

The policy includes an obligation of each board member to annually disclose all material facts and

12c		d Nominations Committee reviews the results of those submissions on an annual basis for compliance h governance policies
ldentifier	Return Reference	Explanation
Form 990, Part VI,		ALL DISQUALIFIED EMPLOYEES are SUBJECT TO A WRITTEN POLICY AN EXTERNAL MARKET

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		A LINK ON THE SAINT FRANCIS EXTERNAL WEBSITE IS BEING ESTABLISHED FOR INDIVIDUALS TO REQUEST THE FOLLOWING DOCUMENTS, (A) ANNUAL FINANCIAL STATEMENTS, (B) FORM 990, (C) CONFLICT OF INTEREST POLICIES AND (D) GOVERNING DOCUMENTS THE ANNUAL REPORT IS CURRENTLY PUBLISHED ON THE EXTERNAL WEBSITE

ldentifier	Reference	Explanation
Form 990, Part XI, Line 2c		the board of directors has delegated its oversight responsibility of the audit of the organization's financial statements to the audit and corporate compliance committee

ldentifier	Returr Referen		Explanation
Form 990, Part XI, Line 2c	Referen		the board of directors has delegated its oversight responsibility of the audit of the organization's financial statements to the audit and corporate compliance committee
Line 20			I mandar statements to the addit and corporate compliance committee
ldentifier	Return Reference		Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments (Continued)		MACHURIO CAEMARRA AREA IN TOUR BENEFORM THE FAIR ON TOUR SET OF A CONTROL OF A CONT	DO NOT TAKE THESE RELATIONSHIPS FOR GRANTED BY LISTENING AND RESPONDING TO MINITY MEDITY OU NEED MINEDATE HELP, QUIR CLINICS AND SEPERAL, SERVICES TO FIND A OF MYSIGAR FOR YOUR FAILTY, AND RESPONDING FOR THE MYSICAL PORT OF TH

Care - Dental Clinic - Uncompensated Care - Family Medicine D Research This category includes clinical and community health research that is shared with the public and funded by the government or a tax-exempt entity (including the organization itself) Research - \$ 1,127,996 - Federal Research Grants - State and Local

Research Grants - Trainee Research Grants - Community Research Grants

**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

DLN: 93493224012160

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

ST FRANCIS HOSPITAL AND MEDICAL center

**Employer identification number** 

06-0646813

# Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
MOUNTAIN VIEW AMBULATORY SURGERY 114 WOODLAND STREET HARTFORD, CT 06105 25-1924185	AMBULATORY SURGERY	СТ	0	0	N/A
SAINT FRANCIS INDEMNITY COMPANY 76 ST PAUL ST SUITE 500 BURLINGTON, VT 05401 06-0646813	MALPRACTICE INSURANCE	VT	1,397,253	41,392,047	N/A

#### Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
ASYLUM HILL FAMILY MEDICAL CENTER  114 WOODLAND STREET	HEALTH SERVICES	СТ	501(C)(3)	3	N/A
HARTFORD, CT06105 _06-1450170					
ONE THOUSAND CORPORATION					
1000 ASYLUM STREET HARTFORD, CT06105 06-0922325	MANAGEMENT	СТ	501(C)(3)	11 TYPE 1	N/A
SAINT FRANCIS CARE INC					
114 WOODLAND STREET HARTFORD, CT06105 06-1491191	SUPPORTS HEALTH CARE ORGANIZATIONS	СТ	501(C)(3)	11 TYPE 1	N/A
SAINT FRANCIS FOUNDATION INC					
114 WOODLAND STREET HARTFORD, CT06105 06-1008255	FUNDRAISING	СТ	501(C)(3)	11 TYPE 1	N/A
THE CAMILLUS CORPORATION					
1000 ASYLUM STREET HARTFORD, CT06105 06-1051261	SUPPORT HEALTH CARE ORGANIZATIONS	СТ	501(C)(3)	11 TYPE 1	N/A
MT SINAI REHABILITATION HOSPITAL INC					
114 WOODLAND STREET HARTFORD, CT06105 06-1422973	HOSPITAL	СТ	501(C)(3)	3	N/A
SAINT FRANCIS MEDICAL GROUP INC					
114 WOODLAND STREET HARTFORD, CT06105 06-1450168	HEALTH SERVICES	СТ	501(C)(3)	3	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y			chedule R (Form 990) 2008

#### Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G)</b> Share of end-of-year assets	(H Disprop allocat	prtionate	e (I) Code V—UBI amount on Box 20 of K-1	Gene man	( <b>J)</b> neral or naging rtner?
							Yes	No		Yes	s No
COLLABORATIVE LABORATORY SERVICES  114 WOODLAND STREET HARTFORD, CT06105 06-1520109	LAB SERVICES	СТ	N/A	RELATED	2,100,652	7,374,717		No			No
HARTFORD, CT06105 20-8335788	LAUNDRY SERVICES	СТ	N/A	RELATED	-137,746	3,124,983		No			No
MEDWORKS LLC  375 EAST CEDAR STREET NEWINGTON, CT06111 06-1490483	REHABILITATION SERVICES	СТ	N/A	RELATED	-498,588	95,577		No			No

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

			1			1	
(A) Name, address, and EIN of related organization	(B) Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT06105 06-1432373	HEALTH SERVICES	СТ	N/A	С	-734,443	402,086	100 000 %
SAINT FRANCIS BEHAVIORAL HEALTH GROUP 114 WOODLAND STREET HARTFORD, CT06105 06-1384686	BEHAVIOR HEALTH SERVICES	СТ	N/A	С	-408,192	585,424	100 000 %
SAINT FRANCIS HEALTH CARE PARTNERS 95 WOODLAND st FOURTH FLOOR HARTFORD, CT06105 06-1391257	MGMT AND ADMIN SERVICES	СТ	N/A	С	-52,526	1,139,856	50 000 %

(5)

(6)

Part V Transactions with Related Organizations	Part V	Transactions with Related Organizations
--	--------	---

Note. Complete line 1 if any entity is listed in Parts II, III or IV							
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one	or more related organizations listed in Parts II-IV	>				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b		No	
c	Gift, grant, or capital contribution from other organization(s)			1c		No	
d	Loans or loan guarantees to or for other organization(s)			1d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
g	Purchase of assets from other organization(s)			1g		No	
h	<b>h</b> Exchange of assets						
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other organization(s	3)		1k		No	
ı	Performance of services or membership or fundraising solicitations by other organization(s)						
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
n	Sharing of paid employees			1n	Yes		
0	Reimbursement paid to other organization for expenses			10		No	
р	Reimbursement paid by other organization for expenses			1р		No	
q	O ther transfer of cash or property to other organization(s)			1q		No	
	O ther transfer of cash or property from other organization(s)			1r	Yes		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line, including covered relationships	and transaction thresholds				
_	, (A)	(B)	(C)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)	saint francis foundation	R			958,76	8	
(2)					•		
(-,							
(3)							
(4)							
•							

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

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Name: ST FRANCIS HOSPITAL AND MEDICAL center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ASYLUM HILL FAMILY MEDICAL CENTER  114 WOODLAND STREET HARTFORD, CT06105 06-1450170	HEALTH SERVICES	СТ	501(C)(3)	3	N/A
ONE THOUSAND CORPORATION  1000 ASYLUM STREET HARTFORD, CT06105 06-0922325	MANAGEMENT	СТ	501(C)(3)	11 TYPE 1	N/A
SAINT FRANCIS CARE INC  114 WOODLAND STREET HARTFORD, CT06105 06-1491191	SUPPORTS HEALTH CARE ORGANIZATIONS	СТ	501(C)(3)	11 TYPE 1	N/A
SAINT FRANCIS FOUNDATION INC  114 WOODLAND STREET HARTFORD, CT06105 06-1008255	FUNDRAISING	СТ	501(C)(3)	11 TYPE 1	N/A
THE CAMILLUS CORPORATION  1000 ASYLUM STREET  HARTFORD, CT06105  06-1051261	SUPPORT HEALTH CARE ORGANIZATIONS	СТ	501(C)(3)	11 TYPE 1	N/A
MT SINAI REHABILITATION HOSPITAL INC  114 WOODLAND STREET HARTFORD, CT06105 06-1422973	HOSPITAL	СТ	501(C)(3)	3	N/A
SAINT FRANCIS MEDICAL GROUP INC  114 WOODLAND STREET HARTFORD, CT06105 06-1450168	HEALTH SERVICES	СТ	501(C)(3)	3	N/A

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**EIN:** 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL center

## Form 990, Part VII - Section Aaa

Pormi 990, Part VII - Section Add	-									
		(C) Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
most rev henry j mansell , chairman	1 00	Х		Х				0	0	0
rev thomas j barry jcl , vice chairman	1 00	Х		Х				0	0	0
Christopher M Dadlez , president & ceo	55 00	Х		Х				884,333	0	358,121
e merritt mcdonough jr , secretary	1 00	Х		Х				0	0	0
barbara j calderone jd , director	1 00	Х						0	0	0
surendra k chawla md , dırector	1 00	Х						0	0	0
john n giamalis , director	1 00	Х						0	0	0
p anthony giorgio phd , director	1 00	Х						0	0	0
Richard H Gordon jd , director	1 00	Х						0	0	0
walter harrison phd , director	1 00	Х						0	0	0
Jeffrey S Hoffman , director	1 00	Х						0	0	0
peter g kelly , director	1 00	Х						0	0	0
karl j krapek , director	1 00	Х						0	0	0
Sister Dolores Lahr CSJ , director	1 00	Х						0	0	0
david a lentini , director	1 00	Х						0	0	0
joyce d mandell , director	1 00	Х						0	0	0
յohn յ mara md , director	1 00	Х						0	0	0
rev msgr john j mccarthy , director	1 00	Х						0	0	0
daniel p o'connell , director	1 00	Х						0	0	0
Curtis D Robinson , director	1 00	Х						0	0	0
john w rodgers md , director	1 00	Х						65,625	0	0
dr galo a rodriguez mPH , director	1 00	Х						0	0	0
Andrew A Sadanowicz , director	1 00	Х						0	0	0
susan j sappington , director	1 00	Х						0	0	0
henry s scherer jr , director	1 00	Х						0	0	0
philip j schulz , director	1 00	Х						0	0	0
Rosalınd E Shenkman , dırector	1 00	Х						0	0	0
Jean-Pierre van rooy , director	1 00	Х						0	0	0
L JEFFREY BALDWIN , DIRECTOR	1 00	Х						0	0	0
HEMA N DE SILVA MD , DIRECTOR	1 00	Х						9,375	307,381	23,089

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							<b>(E)</b>	(F)	
( <b>A</b> ) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ROBERT M ELLIS , DIRECTOR	1 00	Х						0	0	0	
RONALD D JARVIS , DIRECTOR	1 00	Х						0	0	0	
geraud darnıs , dırector	1 00	Х						0	0	0	
barbara I flynn , dırector	1 00	Х						0	0	0	
tımothy w furey , dırector	1 00	Χ						0	0	0	
james e willingham sr , director	1 00	Х						0	0	0	
martha e hartle , asst secretary	55 00			Х				99,370	0	13,737	
amıtkumar K mody , exec vp & coo	55 00				Х			445,747	0	135,098	
steven rosenberg , sr vp & cfo	55 00				Х			533,179	0	124,597	
kathleen m roche , CNO & sr vp Patient Care	55 00				х			296,429	0	59,281	
r christopher hartley , sr vp planning & fac	55 00				х			323,029	0	72,586	
edward s johnson , sr vp	55 00				Х			249,652	0	24,497	
kathleen a dematteo , vp & cıo	55 00				Х			237,769	0	52,076	
PAUL F PENDERGAST , SENIOR VP AND CDO	55 00				х			312,254	0	63,443	
TERESA M BOLTON , GENERAL COUNSEL	55 00				x			154,772	0	17,704	
frank bauer md , sect chief pathology	55 00					Х		413,788	0	38,028	
george barrows md , dept chair pathology	55 00					Х		389,491	0	37,339	
steven wolf md , dept chair emer serv	55 00					Х		337,496	0	36,390	
pamela kowalczyk md , prgm dır patholology	55 00					Х		370,539	0	35,185	
Karl Markuszka MD , staff physician	55 00					Х		333,992	0	31,880	
barry feldman , general counsel	55 00						Х	555,170	0	105,562	

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Name: ST FRANCIS HOSPITAL AND MEDICAL center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Deferred

(D) Nontavable

(E) Total of columns

(A) Name	(B) Breakdowr	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits (B)(1)-(D)		990 or Form 990-EZ
Christopher M Dadlez	(ı) 704,3. II)	180,000			358,121	1,242,454	
	(ı) 9,3 ıı) 307,3				23,089	9,375 330,470	
amitkumar K mody	(ı) 445,7 <i>i</i>	17			135,098	580,845	
	(ı) 433,1°	100,000			124,597	657,776	
	(I) 256,43 II)	40,000			59,281	355,710	
r christopher hartley (	(I) 273,0.	50,000			72,586	395,615	
	(I) 234,6 II)	15,000			24,497	274,149	
kathleen a dematteo (	(I) 217,7 (III)	20,000			52,076	289,845	
	(I) 272,2 II)	40,000			63,443	375,697	
frank bauer md (	(I) 413,78	3.8			38,028	451,816	
	(ı) 389,4 <sup>1</sup>	91			37,339	426,830	
steven wolf md (	(ı) 337,4 <sup>1</sup>	96			36,390	373,886	
pamela kowalczyk md (	(i) 370,5	39			35,185	405,724	
Karl Markuszka MD (	(I) 333,9 <sup>1</sup>	02			31,880	365,872	
barry feldman (	(ı) 555,1 <sup>-1</sup>	70			105,562	660,732	

Software ID: Software Version:

**EIN:** 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL center

Form 990, Schedule L, Part IV -	I	s Involving Intere	ested Persons	ا د د د
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?
STEVEN ROSENBERG	organization CFO & SR VP	748,910	RENTAL OF OFFICE SPACE, administrative & accounting services TO SF HEALTHCARE PARTNERS STEVEN ROSENBERG IS DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS	Yes No
STEVEN ROSENBERG	CFO & SR VP	18,595,407	RENTAL OF OFFICE SPACE, administrative & accounting services TO CLS STEVEN ROSENBERG IS DIRECTOR OF COLLABORATIVE LABORATORY SERVICES	No
CHRISTOPHER DADLEZ	CEO & PRESIDENT		RENTAL OF OFFICE SPACE, administrative & accounting services TO SF HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS	No
DANIEL O'CONNELL	DIRECTOR	748,910	RENTAL OF OFFICE SPACE, administrative & accounting services TO SF HEALTHCARE PARTNERS DANIEL O'CONNELL IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS	No
JOHN N GIAMALIS	DIRECTOR	872,258	HARTFORD FINANCIAL SERVICES GROUP - INS AND EMPLOY BENEFIT	No
PETER KELLY	DIRECTOR	165,377	UPDIKE, KELLY & SPELLACY - LEGAL SVC & LOBBYING	No
E MERRITT MCDONOUGH JR	DIRECTOR	231,586	RC KNOX AND COMPANY - INSURANCE SERVICES	N o N o
				No.
CHRISTOPHER HARTLEY	SR VP	3,438,365	DIRECTOR OF TLC - LAUNDRY SERVICES	N o
STEVEN ROSENBERG	CFO & SR VP	18,293,504	PRESIDENT OF CLS - LABORATORY SERVICES	No
STEVEN ROSENBERG	CFO & SR VP	3,438,365	DIRECTOR OF TLC - LAUNDRY SERVICES	N o
STEVEN ROSENBERG	CFO & SR VP		DIRECTOR OF SainT Francis Healthcare Partners - manaGED CARE SERVICES	No
CHRISTOPHER DADLEZ	CEO & PRESIDENT	•	DIRECTOR OF Saint francis healthcare partners - MANAGED CARE SERVICES	No
DANIEL O'CONNELL	DIRECTOR	-	DIRECTOR OF Saint francis healthcare partners - MANAGED CARE SERVICES	No
Philip Schulz	director philip schulz's Daughter-in-law is the VP of the revenue cycle	143,333		No
Peter Kelly	director peter kelly's Daughter is a physician assistant	84,018	None	No
JOHN MARA	DIRECTOR JOHN MARA'S SPOUSE IS A BOARD MEMBER FOR MT SINAI REHAB HOSPITAL	0	None	No
HENRY SCHERER JR	DIRECTOR HENRY SCHERER'S SPOUSE IS A BOARD MEMBER FOR ST FRANCIS FOUNDation	0	None	No
CHRISTOPHER DADLEZ	president & ceo		christopher dadlez along with peter kelly,karl krapek,rev msgr john mccarthy,e merritt mcdonough, daniel o'connell,philip schulz and jeanpierre van rooy are directors on the board of st francis hospital and medical center and the malta house of care the hospital has transactions with the malta house of care	Νο

Id de	Return	F1
Identifier	Reference	Explanation
Identifier		Explanation  E. Financial and h-Kind Donations This category includes funds and in-land services donated to individuals not affiliated with the organization or to community groups and other not-for- profe organizations. In-land services include hours contributed by staff to the community groups (such as for mediangs) and the donation of food, equipment, and supples Financial and in-Kind Donations - \$385/18-18. Support for Local Community-Duiding Activities in Health of Donations - \$385/18-18. Support for Local Community-Duiding Activities in Health and Community-Duiding activities include programs that address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the health care organization Costs for these activities include cash, in-haid donations, and budgeted expenditures for the development of community benefit operations include acids, in-haid donations, and budgeted expenditures for the development of community benefit operations include acids, in-haid donations, and budgeted expenditures for the development of community benefit operations. Support P. Parthering to Service With his Sters of Saint Joseph of Chambery decoded to provide medical services to those in need of care in Hartford, they did not call it community benefit operations. Support P. Parthering to Service With his Sters of Saint Joseph of Chambery decoded to provide medical services to those in need of care in Hartford, they did not call it services to this provide community benefit operations. Support P. Parthering to Service With his Sters of Saint Joseph of Chambery decoded to provide medical services to those in need to care in Hartford, they did not call it services to the modern provide organization of the services of the servic
		recommended maximum of 9 micrograms of lead per deciliter of blood. In addition to finding a new place to live for the health of their child, the Ameds were going to need food, employment and language skills to survive in their new land. Assistance with referrals and enrollment in social service programs was provided by the Lead Safe House staff, and the Board of Education cooperated by providing bus service for the children so they would not miss any school Finally, on December 15th the family secured a safe but unfurnished apartment. An appeal to the Salvation Army and the Saint Francis community resulted in gifts that filled the front living room bicycles for the kids, pots and pans for the kitchen, bed linens, warm winter clothing and fullfledged Christmas dinner, all this for a Muslim refugee family from Iraq. In addition, the Covenant to Care Program was able to provide furniture. For some, the issue of lead poisoning seems like a problem of the past, but for those with limited resources like the Amed family the issue is very real. Poor housing conditions account for the majority of lead poisoning cases, and those most at risk are young.
		children High blood lead levels result in developmental delays, behavioral problems and poor absorption of iron, causing anemia. All of this is preventable. The Amed family's chance of success in the U.S. was clearly enhanced by the Lead Safe House Community. Benefit program, but without strong partnerships and knowledge of community resources, the story might have had a different ending. Sponsorship of the Lead Safe House highlights the commitment of Saint Francis to provide for those most in need and to expand the definition of healthcare far beyond the walls of the Hospital Peacebuilders. The Peacebuilders at Saint Francis Hospital is a three-year partnership, which includes Hospital security staff, the Hartford Office of Youth Services, the Hartford Police Department, Compass Youth Collaborative and Hartford Behavioral Health. It sprang from an informal discussion about the issue of youth violence in Hartford and what role the Hospital could play to address it. Over the years, it has grown to a well-developed partnership that demonstrates the importance of trust, faith and a willingness to respect others. "When I was growing up as a teenager I took a lot from the community, in a bad way. You know, I was a leader and I could have led differently. That is why I wanted to be a Peacebuilder - to give back."

<b>——</b>	Reference	
		Reacebuilders is part of a city-wide strategy to address youth violence that trains troubled youth to become "violence reduction mediators" in the communities that they know well. For Saint Francis, the Peacebuilders help with the chaos that often ensuses in the Eirergency Department after a shooting, particularly a shooting that involves involves in the communities of the peacebuilders help with the chaos that often ensuses in the Eirergency Department after as shooting. And involves involves someone works to prevent retailation, intervention must take place immediately following an inocident. The security team at Saint Francis has direct access to the Peacebuilders who are "on-call" to come to the Einergency Department. Pror to the advent of the Peacebuilders, the security tearned so to manage such stustations without knowing the relationships or histories of those involved in a recent meeting, the Peacebuilders observed, "You know, there's a lot of things that take place when there's a shooting. And when people dhe, people come (to the hospital), and they are young people, too. This partnership has allowed us to mediate things the way we need to so that there isn't so much chaos at the Hospital." Now, the Peacebuilders are there to negotiate with those involved. They can offer support to those impacted by the volence as well as as sast security staff with immaning the situation Members of the Peacebuilders where community well. They have been on the streets, and they offen know the people involved in gun violence. Peacebuilders are trained to mediate a situation and they have the skills and authority to act, but perhaps more importantly they have the "smarts" to know what actions will bring order to a chaotic situation in the summer of 2008, the partnership was tested with an especia of violence at the West Indian Parade where six shootings took place in the span of just four hours and one person died. This event required that hospital istaff, they understand the versality that the Peacebuilders have and the
		Saint Francis Diabetes Care Center When Cindy arrived she was very upset and kept thinking - "Why me?" She was overwhelmed by her diagnosis and she was very nervous about her ability to manage this chronic disease "They give you the information you need step by step which makes it much more manageable." Cindy gained a better understand of what she needed to do and she learned that she was in control. "I realized I had a choice about what to do and what not to do." Cindy attended the support groups and met with a nutritionist and a podiatrist. She gained more confidence as she lost weight and developed new habits about eating and exercise. "I'm not perfect, but I can